



MASTER LICENSE SERVICE
DEPARTMENT OF LICENSING
PO BOX 9048
OLYMPIA WA 98507-9048

UBI

BUSINESS
NAME

VEHICLE TRANSPORT/DISPOSAL ADDENDUM

(For licensure as a **Registered Tow Truck Operator, Vehicle Transporter, Hulk Hauler, Wrecker and/or Scrap Processor**)

This addendum form may only be submitted as an attachment to the Master Application form.

1 LICENSES REQUESTED (All applicants)

- ☐ Registered Tow Truck Operator (244) ☐ Hulk Hauler (247) ☐ Scrap Processor (254)
☐ Vehicle Transporter (242) ☐ Motor Vehicle Wrecker (250)

NOTE: Corporations or Limited Liability Company ownership types must attach the Corporate Information or LLC Information sheet listing all individuals with 10% or more interest in your business.

2 TOW TRUCK OPERATOR ADDITIONAL INFORMATION

Have you ever been assigned a **Registered Tow Truck Operator** registration number? ☐ Yes ☐ No

If "Yes," give the previous Business Name: _____ and number: ____ _

Have you ever had that registration suspended or revoked? ☐ Yes ☐ No

If "Yes," attach an explanation of the suspension or revocation.

If you maintain additional secured vehicle storage/impound areas away from this location, please see the instruction sheet.

You must attach all of the following lists and completed documents to this application (see instruction sheet for descriptions):

- Names & addresses of all employees who serve as tow truck drivers
- Proof of Registered Tow Truck Operator liability insurance
- Registered Tow Truck Operator bond
- Fee schedule
- Washington State Patrol Tow Truck-Business-Operator-Equipment Inspection Report

3 VEHICLE TRANSPORTER ADDITIONAL INFORMATION

The transporter plates/license cannot be used to transport vehicles owned or registered to the licensee or business, unless you are a tow truck operator. (RCW 46.76.065)

Is your transport business available to the general public? ☐ Yes ☐ No

Indicate the number of Vehicle Transporter **License Plates** you require: _____

OFFICE USE ONLY

This Section Will Be Completed by Washington Utilities and Transportation Commission

This will certify that _____,
Name of Business

- ☐ has been issued a common carrier permit, number _____, pursuant to chapter 81.80 RCW.
☐ is exempt under chapter 81.80 RCW and therefore not required to obtain a common carrier permit.
☐ requires a WUTC permit but has not been issued a WUTC permit.
☐ WUTC is unable to determine if a WUTC permit is required based on information submitted.

Signature of WA. Utilities & Transportation Comm. Representative

Title of Representative

Date of Signature

The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, call (360) 664-1400 or TTY (360) 664-8885.

4 HULK HAULER, WRECKER AND SCRAP PROCESSOR ADDITIONAL INFORMATION**Hulk Hauler, Wrecker & Scrap Processor Applicants**

If applying for any of these three licenses, you must attach a list of the vehicles owned, leased, rented, or otherwise operated in the conduct of your business. A blank ***Listing of Vehicles Used to Conduct Business*** form is enclosed.

Scrap Processor & Wrecker Applicants Only

You must also complete a State Environmental Policy Act (SEPA) checklist, present it to the local zoning official for review (see section 6), and then attach the completed checklist to this application. A blank checklist is enclosed.

Wrecker Applicants Only, attach the following completed forms (blank forms provided):

- Personal/Criminal History Form
- Bond of Motor Vehicle Wrecker

If you have additional (branch) Motor Vehicle Wrecker business locations in the same county as this business location, please see the instructions sheet for information about registering those other locations.

5 BUSINESS SITE IDENTIFICATION (Certifications in sections 6 and 7 below apply to this following business location)

Business Firm Name: _____		() - _____
		Business Phone Number
Physical Location		
Address of Business: _____		
Street or Rural Route Address of Place of Business (do NOT use a PO Box)		
_____	_____	_____
City	County	State
_____	_____	_____
		Zip Code

6 ZONING CERTIFICATION (Registered Tow Truck Operator, Wrecker, Hulk Hauler and/or Scrap Processor applicants only)

This section to be completed by the local zoning authority. Check either 'yes' or 'no' for each option and sign.

Applicant is applying as a **Registered Tow Truck Operator**..... ☐ Yes ☐ No

Applicant is applying as a **Hulk Hauler**..... ☐ Yes ☐ No

If 'yes' is checked, my signature below certifies that this Registered Tow Truck Operator or Hulk Hauler applicant's place of business is in compliance with all applicable local land use ordinances.

Applicant is applying as a **Motor Vehicle Wrecker**..... ☐ Yes ☐ No

Applicant is applying as a **Scrap Processor**..... ☐ Yes ☐ No

If 'yes' is checked, my signature below certifies that the environmental impact from this proposed land use for a Motor Vehicle Wrecker or Scrap Processor business appears insignificant, pursuant to Chapter 43.21 RCW, the state Environmental Policy, WAC 197-11-305, WAC 197-11-820, and WAC 197-11-800(14)(i). A completed State Environmental Policy Act (SEPA) checklist must be attached.

Signature of Local Zoning Official

Title of Local Zoning Official

Date of Signature

7 INSPECTING OFFICER APPROVAL (for Hulk Hauler, Scrap Processor, and/or Wrecker applicants only)

This section to be completed by the Washington State Patrol, or by the local Chief of Police (if business is located in a city with more than 5,000 population). Check either 'yes' or 'no' for each option and sign.

Applicant is applying as a **Hulk Hauler**..... ☐ Yes ☐ No

Applicant is applying as a **Scrap Processor**..... ☐ Yes ☐ No

If 'yes' is checked, my signature below certifies that this Hulk Hauler or Scrap Processor applicant is located at the address shown in section 5 above and has suitable equipment for the safe and lawful transport of vehicle salvage on the public highways. The applicant has displayed with letters and numerals at least three inches high, painted or permanently affixed to each vehicle, the business name, complete address of place of business, and current business telephone number on all vehicles operated by the applicant on highways of this state and which are equipped for lifting or transporting vehicles or hulks.

Applicant is applying as a **Motor Vehicle Wrecker**..... ☐ Yes ☐ No

If 'yes' is checked, my signature below certifies that this Motor Vehicle Wrecker applicant is located at the address shown in section 5 above, as defined by RCW 46.80.010, and has displayed with letters or numerals at least three inches high, painted or permanently affixed to each vehicle, the business name, city name of place of business, and current business telephone number on all vehicles operated by the applicant on highways of this state and which are equipped for lifting or transporting vehicles or hulks.

Signature of Inspecting Officer

Title of Inspecting Officer

Date of Signature